

# *Alabama APSE & ACDD 2016*

## *Super Powers of Employment*



Riverview Plaza Hotel

*July 20—22*

## Tentative Conference Agenda

### Wednesday, July 20

10:00—12:55 Registration  
1:00—2:30 General Session  
2:30—3:00 Break  
3:00—4:30 General Session  
10:00—6:30 Silent Auction  
6:30— Until Evening Activity

### Thursday, July 21

8:30—10:00 General Session  
10:00—10:30 Break  
10:30—11:30 Breakout Session  
11:30—1:00 Lunch  
1:00—2:00 Breakout Session  
2:00—2:15 Break  
2:15—3:15 Breakout Session  
3:15—3:45 Break  
3:45—4:45 Breakout Session  
6:00— Until Awards Celebration

### Friday, July 22

8:00—10:00 General Session  
10:00—10:30 Break  
10:30—Noon Closing Session

## Hotel Information



**Renaissance Mobile  
Riverview Plaza Hotel  
64 South Water Street  
Mobile, AL 36602  
251-438-5000**

Rates: \$119.00 Single/Double  
Please reserve by June 18, 2016

To Reserve Room Electronically

[http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Alabama%20APSE%5Emobrv%60apsapsa%60119%60USD%60false%604%607/15/16%607/25/16%6006/18/16&app=resvlink&stop\\_mobi=yes](http://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=Alabama%20APSE%5Emobrv%60apsapsa%60119%60USD%60false%604%607/15/16%607/25/16%6006/18/16&app=resvlink&stop_mobi=yes)

## Continuing Education and CRC Credit Available

Approval Pending for CE's in

Social Work

Counseling

Nursing

**Participants must be in attendance for full conference and must attend approved sessions for all time slots to receive Continuing Education Credit. No contact hours will be awarded for partial attendance.**

For Updates Contact: [Alabamaapse@aol.com](mailto:Alabamaapse@aol.com), visit [www.al-apse.org](http://www.al-apse.org)  
or contact [Beth.Hanks@rehab.alabama.gov](mailto:Beth.Hanks@rehab.alabama.gov) (251-479-8611)

**AL-APSE & ACDD  
2016**

AL-APSE Members: \$210.00 Before June 30 (**Must include Membership Number**) \_\_\_\_\_  
Non-AL-APSE Members: \$240.00 Before June 1st  
**ADD \$40.00 after June 30, 2016**

<hr/> <b>Name</b>	<hr/> <b>Organization</b>
<hr/> <b>Address</b>	<hr/> <b>City</b>
	<hr/> <b>Zip</b>
<hr/> ( ) - _____	
<hr/> <b>Telephone</b>	<hr/> <b>Email (for registration confirmation)</b>
<hr/> ADA Accessibility Needs _____	

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Please contact byron.white@mh.alabama.gov or 334-353-7713 to discuss ADA needs  
Must request by June 15, 2016

APSE Member? Yes \_\_\_\_\_ No \_\_\_\_\_ Membership # \_\_\_\_\_  
\_\_\_\_\_ I will attend Awards Dinner

**Cancellation Policy:** Registration Fees Cannot Be Refunded, Substitutions Will Be Accepted

By registering for the conference each attendee understands that photographs and videos will be taken throughout the conference for use in publications, presentations, and other events. The photos will remain the property of AL-APSE. Please inform photographer(s) if you do not wish to be photographed.

<b>Make Checks Payable to:</b> Alabama APSE	Visa & MasterCard Accepted \$2.00 Processing Fee
<b>Mail Registration Form &amp; Check to:</b> AL-APSE 8228 Royal Oak Court Montgomery, AL 36117	Card Number _____ CVV # on back of Card (3 digits) _____ Expiration Date _____

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Purchase Order # \_\_\_\_\_

To Register Electronically:  
<http://events.constantcontact.com/register/event?lr=eq8in9eab&oeidk=a07ec39g29x4924c0ab>

Please Note That Payment is due within 10 days of registering unless paying by purchase order!

**For those requesting potential sponsorship for conference attendance, please complete the application on page 4 and return to AL-APSE 8228 Royal Oak Court, Montgomery, AL 36117 Double, Triple and Quad Occupancy required for hotel stays to accommodate more applicants.**

# CIF INDIVIDUAL APPLICATION (PLEASE PRINT OR TYPE)

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Do you live inside the city limits? \_\_\_\_Yes \_\_\_\_No If not, please list the county you live in? \_\_\_\_\_



## ETHNIC STATUS (OPTIONAL:)

\_\_\_\_ HISPANIC  
 \_\_\_\_ AFRICAN AMERICAN  
 \_\_\_\_ ASIAN-AMERICAN  
 \_\_\_\_ AMERICAN INDIAN  
 \_\_\_\_ CAUCASIAN  
 \_\_\_\_ OTHER

## ( ) PLEASE CHECK THE APPROPRIATE BOX:

\_\_\_\_ I am a **person** with a developmental disability.  
 \_\_\_\_ I am a **parent** of a child with a developmental disability  
 \_\_\_\_ I am the **guardian** for a person with a developmental disability  
 \_\_\_\_ My **family member** is an adult with a developmental disability

## WHAT CONFERENCE/EVENT ARE YOU SEEKING FUNDS TO ATTEND?

You must attach to this application any printed information on the event that clearly explains what you want to attend, such as the agenda, brochure, and/or flyer).

Date of Conference/Event \_\_\_\_\_ Location of Event/Activity \_\_\_\_\_ # of People using CIF Funds \_\_\_\_\_

Name of Conference/Event \_\_\_\_\_

## PLEASE INDICATE FUNDS BELOW:

HOW MUCH YOU CAN PAY(YOUR FUNDS)? HOW MUCH FUNDED BY OTHERS (OTHER AGENCIES)? HOW MUCH REQUESTED FUNDS (FUNDING FROM ACDD CIF)?	YOUR FUNDS	FUNDS FROM OTHER AGENCIES	FUNDS FROM ACDD CIF
REGISTRATION			
PERSONAL ASSISTANCE			
HOTEL/LODGING			
MILEAGE			
CHILD/RESPITE CARE			
AIR OR BUS FARE			
MEALS			
OTHER (please list _____)			
<b>TOTAL</b>			